US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as previded by 29 U S C 439 or 440

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For Omicial Usa Only		
//S 86cg /	LY BEFORE PREPARING THIS REPORT	
E (NE1820)	S. or F	
Que of		
1 File Number U 9709	2 Fiscal Year Covered From	
	7 / 2004 Through 72/31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name IGNACIO GARCIA	Name OPERATIVE Plasterers & Cement MASOUS LCL 300	
	Labor Organization File Number 540-572	
PO Box Bidg Room No If any 120	PO Box Building and Room Number if any Suite 200	
Street 2102 PLMAdeu Rd	Street 703 South B Street	
Cay SAN JOSE	City SAUMATED	
State California ZIP Code + 4 95125	State Cal, forma ZIP Code + 4 94401	
5 Position in labor organization Bulguess Agent		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	J a Nature of Interest Transaction or Income ,	
Name		
Trade Name (fany	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PO Box Bidg Room No If any		
	7 b Amount	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)		
Signed	on 08/11/05 408 2644430	
	Date Telephone Number	

Tanker Lander Tanker C. B.	(4004) The Halliotte
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is activated any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or lirectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name NO. CA. Plasterers JNT, App. 2 TRAILS	a Labor Organization
Trade Name if any	b Trust
PO Box Bidg Room No if any	c Employer
Street 1555 OVERLAND CT	Normal / J
City West Sacramento	, , , , , , , , , , , , , , , , , , ,
State California ZIP Code + 4 95691	£
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
	Employer contributions are made to the
Name	TRUST IN Compliance with a Collective
Trade Name if any	Bargaium aggreement with the Local
PO Box Bidg Room No if any	Union
Street	11 b Approximate dollar value of such dealing \$ 250,000.
City	12 a Nature of interest held or income received
State ZIP Code + 4	Apprenticeship Instuctor Wages - \$518,
	Reimburstment Be Trustee Travel
	To meetings, Seminars, Conventions
	\$ 1,170.
	12 b Amount #1, 682
C Received from any employer (other than an employer covered under	or parts A and B above)
or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	
Trade Name if any	
PO Box Bidg Room No If any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.

- 29 p		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name NO: CA. Plasterers Pension Trust	9 Business deals with	
PO Box Bidg Room No if any Street 633 BATTERY STREET STREET 31	b Trust c Employer	
State California ZIP Code + 4 94111	· ·	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing Employer Contributions are made to	
Name	the Trust IN Compliance with a	
P O Box Bldg Room No if any	Collective bargaining aggreement with the Local Union	
Street	11 b Approximate dollar value of such dealing 7 3,000,000	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Reimburstment for Trustee TRAVEL to meetings _ 300	
	12 b Arrount \$ 300.	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer ary payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name if any	l ₂	
PO Box Bidg Room No if any		
Street		
City		
State ZIP Code + 4		
13.b Is the Business an Employer or Consultant ?	14 b Amount of payment	
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Form LM-30 (2003)

Name of Person Filing 1904CIU GARCIA	(3004) File Number 0	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name NO. CA. Plasteress Health & welfare Trust Trade Name if any PO Box Bidg Room No If any and 230 Street 550 Howe arenue City Sacramento State California ZIP Code + 4 95825	9 Business deals with La Labor Organization Description Control Control Description Descri	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P C Box Bidg Room No If any Street City State ZIP Code + 4	Employer Contributions are made to the TRUST IN Compliance with a Collective Bargaining aggreement with Local Union 11 b Approximate dollar value of such dealing \$3,250,000. 12 a Nature of interest hold or income received Riemburst ment for Trustee travel to meetings, Seminars, Conventions 1,500.	
	12 b Amount. \$ 1,500.00	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant — (including trade name if any) →	14 a Nature of payment	
Name	-	
Trade Name if any		
P O Box Bidg Room No if any Street City State ZIP Code + 4		
	14 b Amount of payment.	
13.b Is the Business an Employer or Consultant?		